



Money Follows the Person Enrollment End Letter



DATE

PARTICIPANT NAME

PARTICIPANT ADDRESS

PARTICIPANT CITY, STATE ZIP

Dear **PARTICIPANT NAME**,

On **DATE**, you discharged from a nursing home or other long-term care facility into the community through Money Follows the Person (MFP). Participation in MFP is limited to 365 calendar days. Your 365 days of enrollment in MFP will end on **DATE**.

You will continue to receive waiver services through the Medicaid HCBS Waiver, **NAME OF WAIVER**, so long as you continue to meet eligibility criteria for that waiver. Please contact **NAME OF WAIVER CASE MANAGER** at **CASE MANAGER PHONE NUMBER** if you have any questions regarding your waiver services.

In the near future, you will be contacted by a representative from the Georgia State University Georgia Health Policy Center. This representative will be calling to conduct a follow-up to the **Quality of Life** survey you responded to before you left the long-term care facility. Your responses to the survey questions are extremely important to the success of the Money Follows the Person program, and we appreciate your time and your feedback about the MFP services you received.

Thank you for participating in Money Follows the Person. If you have any questions about this letter, you may contact your MFP Facilitator at the number below, or you may call the MFP State Office at the Georgia Department of Community Health Medicaid Division at 404-651-9961.

Sincerely,

MFP Facilitator Print Name

Contract Phone #